IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

UTILITY PATENT APPLICATION TRANSMITTAL LETTER

MAIL STOP PATENT APPLICATION

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Customer No. 2 1 8 3 9

Sir:

Enclosed	for	filing is the utility	patent applica	tion of Luigi S	SATRAGNO	and Orfeo	
CONTRADA	for	COMBINATION	MAGNETIC	RESONANCE	E IMAGING	APPARATUS	AND
PATIENT TA							

- [] Applicant(s) hereby requests that the above-captioned application NOT BE PUBLISHED under 35 U.S.C. § 122(b) and 37 C.F.R. § 1.211. The undersigned hereby certifies that the invention disclosed in this application has not and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing.
 [X] Applicant(s) suggest(s) Figure 1 for inclusion on the front page of the patent application publication and patent.
 [X] Applicant(s) requests that the published application include the following assignment information: ESAOTE S.p.A.
 Also enclosed are:
 [X] 9 sheet(s) of drawings;
 [X] a claim for foreign priority under 35 U.S.C. §§ 119 and/or 365 is [X] hereby made to
- [X] a claim for foreign priority under 35 U.S.C. §§ 119 and/or 365 is [X] hereby made to SV2002A000057 filed in Italy on November 28, 2002;

 [] in the declaration;
- [X] a certified copy of the priority document;[] a General Authorization for Petitions for Extensions of Time and Payment of Fees:
- [] an Assignment document;
- [X] an Information Disclosure Statement;
- [] a patent application data sheet; and
- [] Other: _____
 - X] An [X] executed [] unexecuted declaration of the inventor(s)
- [] also is enclosed [X] will follow.
 [] Small entity status is hereby claimed.

[X] The filing fee has been calculated as follows [] and in accordance with the enclosed preliminary amendment:

		CLA	I M S		
	No. OF CLAIMS		EXTRA CLAIMS	RATE	FEE
Basic Application Fee					\$770.00 (1001)
Total Claims	37	MINUS 20 =	17	× \$18.00 (1202) =	306.00
Independent Claims	3	MINUS 3 =	0	× \$86.00 (1201) =	0
If multiple dependent claims are presented, add \$290.00 (1203)					0
Total Application Fee					1076.00
If small entity status is claimed, subtract 50% of Total Application Fee					0
Add Assignment Recording Fee \$40.00 (8021) if Assignment document is enclosed				0	
TOTAL APPLICATION FEE DUE				\$1076.00	

[]	This application is being filed without a filing fee.	Issuance of a Notice to File Missing
	Parts of Application is respectfully requested.	_

- [X] A check in the amount of \$ 1076.00 is enclosed for the fee due.
- [] Charge \$ _____ to Deposit Account No. 02-4800 for the fee due.
- [X] The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Please address all correspondence concerning the present application to:

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Customer Number: 21839

P.O. Box 1404

Alexandria, Virginia 22313-1404.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date:

By:

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